Form (RF-3)

## **ILLINOIS DEPARTMENT OF INSURANCE**

## **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective			September 15, 2005
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>
P. Auton P. 3. Liabili 4. Burgla 5. Glass 6. Fidelii 7. Suret 8. Boiler 9. Fire 10. Exten 11. Inland 12. Home 13. Comm 14. Crop 15. Other	ty y y y y y y y y y y y y y y y y y y	33,360 22,240  Sterritories) or certain classes? If so, spec	-4.0 -4.0 -4.0
Brief desc	cription of filing. (If filing follows	s rates of an advisory organization, spec ow for the adjusted expected permissable	cify organization): The changes will help
	vandalism and malicio	ous mischief	
*Adjusted **Change	to reflect all prior rate changes	hich will result from application of new ra	
		<u>G.U</u>	I.C. Insurance Company Name of Company
		layma l	awrence, Compliance Analyst
			Official – Title
	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR		
	AUG ? 3 2005		

SPRINGFIELD, ILLINOIS